

**RECEIVED  
CENTRAL FAX CENTER**

**DEC 29 2006**

PTO/SB/30 (09-08)

Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**Request  
for  
Continued Examination (RCE)  
Transmittal**

Address to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

|                        |                   |
|------------------------|-------------------|
| Application Number     | 10/707,230        |
| Filing Date            | November 28, 2003 |
| First Named Inventor   | KATZ              |
| Art Unit               | 1754              |
| Examiner Name          | PRATT, Helen F.   |
| Attorney Docket Number | 45496.20          |

**This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.**

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
- a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_
- ii. ☐ Other \_\_\_\_\_
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- ii. ☒ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other \_\_\_\_\_
2. **Miscellaneous**
- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(f) required)
- b. ☐ Other \_\_\_\_\_
3. **Fees**
- The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
- a. ☒ The Director is hereby authorized to charge the following fee, any underpayment of fees, or credit any overpayments, to Deposit Account No. 02-2057. I have enclosed a duplicate copy of this sheet.
- i. ☐ RCE fee required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.138 and 1.17)
- iii. ☐ Other \_\_\_\_\_
- b. ☐ Check in the amount of \$ \_\_\_\_\_ enclosed
- c. ☒ Payment by credit card (Form PTO-2038 enclosed)
- Refund Ref: 0030040708  
Credit Card Refund Total: \$510.00  
An Ex: XXXXXXXXXXXX1002

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

|                   |            |                  |            |
|-------------------|------------|------------------|------------|
| Signature         |            | Date             | 29/12/2006 |
| Name (Print/Type) | Edward Yoo | Registration No. | 41,438     |

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

|                   |            |      |            |
|-------------------|------------|------|------------|
| Signature         |            | Date | 29/12/2006 |
| Name (Print/Type) | Edward Yoo |      |            |

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9189 and select option 2.

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

| REQUEST FOR PATENT FEE REFUND                         |                                   |  |                       |           |   |   |    |   |   |   |   |
|---|-----------------------------------|--|-----------------------|-----------|---|---|----|---|---|---|---|
| 1 Date of Request: <u>05/11/07</u>                    |                                   | 2 Serial/Patent # <u>10/707,230</u>  |                       |           |   |   |    |   |   |   |   |
| 3 Please refund the following fee(s):                 |                                   | 4 PAPER NUMBER   | 5 DATE FILED          | 6 AMOUNT  |   |   |    |   |   |   |   |
|   | Filing                            |  |                       | \$        |   |   |    |   |   |   |   |
|   | Amendment                         |  |                       | \$        |   |   |    |   |   |   |   |
| X   | Extension of Time                 | W FEE  | 12/29/06              | \$ 510.00 |   |   |    |   |   |   |   |
|   | Notice of Appeal/Appeal           |  |                       | \$        |   |   |    |   |   |   |   |
|   | Petition                          |  |                       | \$        |   |   |    |   |   |   |   |
|   | Issue                             |  |                       | \$        |   |   |    |   |   |   |   |
|   | Cert of Correction/Terminal Disc. |  |                       | \$        |   |   |    |   |   |   |   |
|   | Maintenance                       |  |                       | \$        |   |   |    |   |   |   |   |
|   | Assignment                        |  |                       | \$        |   |   |    |   |   |   |   |
|   | Other                             |  |                       | \$        |   |   |    |   |   |   |   |
| 7 TOTAL AMOUNT OF REFUND                              |                                   |  | \$ 510.00             |           |   |   |    |   |   |   |   |
| 8 TO BE REFUNDED BY:                                  |                                   |  |                       |           |   |   |    |   |   |   |   |
| 10 REASON:  |                                   | Treasury Check   |                       |           |   |   |    |   |   |   |   |
|   | Overpayment                       | X  | Credit Deposit A/C #: |           |   |   |    |   |   |   |   |
|   | Duplicate Payment                 | 9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">0</td> <td style="width: 20px;">2</td> <td style="width: 20px;">--</td> <td style="width: 20px;">2</td> <td style="width: 20px;">0</td> <td style="width: 20px;">5</td> <td style="width: 20px;">7</td> </tr> </table> |                       |           | 0 | 2 | -- | 2 | 0 | 5 | 7 |
| 0   | 2                                 | --   | 2                     | 0         | 5 | 7 |    |   |   |   |   |
| X   | No Fee Due (Explanation):         |  |                       |           |   |   |    |   |   |   |   |
| Submitted after extendable period.                    |                                   |  |                       |           |   |   |    |   |   |   |   |
|   |                                   |  |                       |           |   |   |    |   |   |   |   |
| 11 REFUND REQUESTED BY:                               |                                   |  |                       |           |   |   |    |   |   |   |   |
| TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>         |                                   | TITLE: <u>Petitions Examiner</u>   |                       |           |   |   |    |   |   |   |   |
| SIGNATURE: <u><i>Sherry D. Brinkley</i></u>           |                                   | PHONE: <u>2-3204</u>   |                       |           |   |   |    |   |   |   |   |
| OFFICE: <u>Petitions</u>                              |                                   |  |                       |           |   |   |    |   |   |   |   |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: ***** |                                   |  |                       |           |   |   |    |   |   |   |   |
| APPROVED: <u><i>CKK</i></u>                           |                                   | DATE: <u>5/16/07</u>   |                       |           |   |   |    |   |   |   |   |

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*